



Application for Placement on the Interim SOMB Approved Provider List

This application is for placement on the Illinois Sex Offender Management Board (**SOMB**) Interim Approved Provider List. This list will be made available to court systems and the public to assist them in finding qualified evaluators and treatment providers in the specialized field of sexual offender work. You may apply only for the treatment list, only for the evaluator list, or for both. For this interim list, providers working with adult and juvenile clients are not being separated.

PLEASE NOTE: All information provided by the applicant may be available to the public through placement on the SOMB Interim Approved Provider List. If any contact information changes, it is the responsibility of the Provider to promptly notify the SOMB of the new information.

INSTRUCTIONS: Questions regarding this form or the application process may be directed to SOMB member Cara Smith at (312) 814-2970. Completed forms may be submitted via fax to (312) 814-5727 or by mail to the following address:

Illinois Attorney General's Office
Attn: Cara Smith
100 W. Randolph Street, 11th Floor
Chicago, Illinois 60601

I. PROVIDER INFORMATION

Name:		
Agency/Work Address:		
Telephone:	Fax:	E-mail Address:
Please list the counties in which you provide services:	Please list currently held licenses and/or certifications:	

Please list languages, other than English, that you speak or sign fluently and in which you can provide services:

Please check the appropriate box below:

I currently provide the following services (check all that apply):

- ☐ Sex offender evaluations
- ☐ Sex offender treatment
- ☐ Adult offenders
- ☐ Juvenile offenders

II. TREATMENT PROVIDERS

IF YOU ARE APPLYING FOR PLACEMENT ON THE APPROVED TREATMENT PROVIDER LIST, PLEASE INITIAL EACH ITEM BELOW TO ATTEST YOU MEET THAT QUALIFICATION:

- _____ I have a Bachelor's degree or higher in a behavioral science.
- _____ I have 400 hours of clinical experience in the treatment of sex offenders within the last 4 years, at least 200 of which are face-to-face therapy with sex offenders.
- _____ I have at least 40 hours of documented training in the specialty of sexual offender assessment/treatment/management.
- _____ I agree that in addition to adherence to the generally accepted standard's of my mental health profession's standards, I will adhere to the Code of Ethics (2001 Edition) published by the Association for the Treatment of Sexual Abusers (ATSA).*
- _____ I agree to conform my treatment practice with sex offenders with the SOMB standards of practice outlined in 20 Illinois Administrative Code Part 1900.**

III. EVALUATORS

IF YOU ARE APPLYING FOR PLACEMENT ON THE APPROVED EVALUATION PROVIDER LIST, PLEASE INITIAL EACH ITEM BELOW TO ATTEST YOU MEET THAT QUALIFICATION:

- _____ I have a Bachelor's degree or higher in a behavioral science.
- _____ I have 400 hours of clinical experience in the evaluation of sex offenders within the last 4 years, at least 200 of which are face-to-face therapy with sex offenders.
- _____ I have completed at least 10 sexual offender evaluations in the past 4 years.
- _____ I have at least 40 hours of documented training in the specialty of sexual offender evaluation/treatment/management
- _____ I agree that in addition to adherence to the generally accepted standards of my mental health profession's standards, I will adhere to the Code of Ethics (2001

Edition) published by the Association for the Treatment of Sexual Abusers (ATSA).*

_____ I agree to conduct all sex offender evaluations in accordance with generally accepted standards of practice in the sex offender evaluation community and as described in the SOMB standards of practice, outlined in 20 Illinois Administrative Code Part 1900.**

IV. APPLICANT ATTESTATION

ALL APPLICANTS MUST INITIAL TO ATTEST TO THE FOLLOWING:

_____ **1.** I understand that placement on the Interim SOMB Provider list shall expire no later than July 1, 2005. Providers approved for placement on the SOMB Interim list shall be required to undergo a supplemental application process prior to July 1, 2005.

_____ **2.** I understand that submitting false information will result in my removal from the SOMB approved provider list.

_____ **3.** I attest that I have never been convicted of any felony nor of any misdemeanor involving a sexual offense, as that term is defined in 720 ILCS 5/11-9.3(c)(2)

_____ **4.** My licensure has not been placed on inactive status, nor has my license been suspended, revoked, non-renewed, nor placed on probationary status by any professional licensing body.

_____ **5.** I have never been found by any licensing body to have engaged in any unprofessional or unethical conduct.

_____ **6.** I have not engaged in deceit or fraud in connection with the delivery of services, supervision, or the documentation of my credentials.

_____ **7.** I agree to immediately notify the SOMB of any change in my status regarding statements 3 to 6 in this section.

BY MY SIGNATURE BELOW, I AFFIRM THAT ALL THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

Applicant signature

Date

* ATSA Code of Ethics is available from ATSA at www.atsa.com or ATSA, 4900 S.W. Griffith Drive, Suite 274, Beaverton, Oregon 97005.

** 20 Illinois Administrative Code Part 1900 is available through the Illinois Attorney General's Website at www.ag.state.il.us.